

S. No. 2  
M-5-43  
V. 5-17-39  
I X36671

FILED MAR 24 1948

Registration District No. **201**

Primary Registration District No. **4450**

Registrar's No. **2291**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Ripley

(b) City or town Douglas  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Charles Walter Brooks

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-10-2512

4. Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace E. Brooks

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. 31 - 1892  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Ripley, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Tr. loader

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Washington Brooks

13. Birthplace Franklin  
(City, town, or county) (State or foreign country)

14. Maiden name Honey Lee

15. Birthplace Franklin  
(City, town, or county) (State or foreign country)

16. (a) Informant Grace E. Brooks

(b) Address Douglas, Mo.

17. (a) Final (b) Date thereof 2-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial & cremation Wilson Cem.

18. (a) Signature of funeral director E. Edwards

(b) Address Douglas, Mo.

19. (a) 2-27-48 (b) E. O. Johnston  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Ripley

(c) City or town Douglas  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH, Month Feb. day 3  
year 1948 hour 3 minutes 50 P.M.

21. I hereby certify that I attended the deceased from 1-28-48 to Feb. 3-48  
that I last saw him alive on 1-28-48 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Influenza - Pneumonia 10 Days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature Clifford Johnston (M. D. or other) \_\_\_\_\_  
Douglas, Mo. Date signed 2/2/48

RECEIVED

District Health Officer No. 5,

District File No. 348203

Date Filed 3-20-48

MAR 11 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Walter Johnson

Licensed Embalmer No. 4271

P. O. Address Doniphan, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.